

**CASWELL COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT
SCHOOL BUS ASSIGNMENT FORM
2017-2018 PRE-KINDERGARTEN/KINDERGARTEN REGISTRATION**

SCHOOL NAME: _____ **DATE:** _____

Please complete the following information whether or not your child will ride a bus. We are required to physically locate a child's residence (home) address for verification of attendance eligibility. Thank you for your cooperation.

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE)
(LEGAL NAME, NOT NICKNAME)

What grade will student enter in August 2017? Pre-K _____ Kindergarten _____

PHYSICAL ADDRESS, NOT A POST OFFICE BOX, APARTMENT, OR LOT NUMBER

911 ADDRESS _____
(HOUSE NUMBER) (STREET NAME) (RD., LN., ST., AVE.)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER _____ BIRTHDATE _____

WILL STUDENT BE A BUS RIDER OR CAR RIDER? _____ BUS _____ CAR

IS THERE AN OLDER BROTHER OR SISTER THAT IS ALREADY RIDING A BUS? _____ YES _____ NO

IF YES, WHAT IS THE BUS NUMBER? _____

WILL YOUR CHILD RIDE THE BUS IN: MORNING? _____ AFTERNOON? _____
(YES/NO) (YES/NO)

IF YOUR CHILD WILL BE BOARDING THE BUS AT A LOCATION OTHER THAN HOME, (daycare, babysitters etc.),
PLEASE INDICATE THE 911 ADDRESS OF THIS LOCATION BELOW:

911 ADDRESS _____
(911 NUMBER) (STREET NAME) (RD., LN., ST., AVE.)

(CITY) (STATE) (ZIP CODE)

PARENT SIGNATURE: _____